

Transpersonal Psychiatry

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Introduction

My discussion follows the presentations by Dr Nicki Crowley on 'Psychotic Episode or Spiritual Emergency?' and by Sarah Sourial on 'A personal experience of Kundalini', where symptoms of an atypical psychotic episode were followed by impressive personal exploration, growth and spiritual emergence.

The symptoms and course of such a spiritual emergency do not seem to fit neatly our concepts of psychiatric disorder as defined by ICD10 or DSM4. It is more similar to the period of 'creative illness' suffered by Jung nearly 100 years ago. The similarities are in the sense of danger and opportunity. These states are undoubtedly perilous. Jung was aware that he was in danger of losing his sanity but emerged from his four year experience to become arguably one of the greatest minds of the 20th century.

Spiritual emergencies are probably rare in general psychiatric practice, yet the differential diagnosis is often complicated. What starts off as a spiritual emergency may evolve into a standard psychiatric disorder. Someone who is developing a mental illness may convince themselves and others that what they really have is a spiritual emergency. Personality issues may complicate the presentation.

The seminal text on the subject of spiritual emergencies remains the book edited by Stanislav and Cristina Grof¹. The subject remains relatively unresearched - we have some idea as to the nosology but very little idea as to the epidemiology. The concept of 'the transpersonal psyche' is central.

The transpersonal psyche

Transpersonal means 'beyond the personal' and purports to add a deeper layer of the individual and collective psyche to the model derived from traditional science, psychology and psychiatry. The term transpersonal includes spiritual experience but addresses all human experience beyond the ego. If a transpersonal experience occurs in a religious context, it is a religious experience but many spiritual and transpersonal experiences occur outside of religion and seem to represent a universal aspect of human consciousness. The transpersonal exists independently of us while the personal is dependent on our body and senses.² Transpersonal psychiatry incorporates a psychiatry of the collective unconscious.

Two men have dominated transpersonal psychiatry over the last hundred years; Carl Jung and Stanislav Grof. Both men drew deeply on their personal experience of non ordinary states of consciousness, which informed and drove their clinical and theoretical work. Jung's transpersonal perspective and insistence on the importance of 'spirit' was a major factor in his split with Sigmund Freud. Where Freud 'discovered' the personal unconscious, Jung 'discovered' the collective unconscious. The tensions between these two schools of thought continue.

Grof has extended Jung's work with two original contributions. Firstly, he developed the technique 'Holotropic breathwork', which provides a setting for the induction, amplification and integration of non ordinary states of consciousness (NOSC) and secondly, the mapping of the perinatal domain of

the psyche with its potential for resolution of psychological trauma and which he also considers to be a portal to the transpersonal.

Transpersonal concepts

While there is a plurality of theoretical viewpoints and no central dogma, there are a few key concepts, namely:

- consciousness is not confined to neural process and can exist independently of the brain
- there exist deeper layers of personal and collective consciousness with increasing spiritual tone
- psychological development continues throughout the many stages of life and should include an opening to the higher levels of consciousness – the transpersonal journey
- the language of the deep psyche is symbolism. Meaning and significance appear to be universal organising principles and may reflect consciousness as a primary construct
- a concept of a higher self
- the usefulness and healing potential of non ordinary states of consciousness (NOSC)
- set and setting as crucial determinants for induction, amplification and outcome of NOSC
- a psychopathology of the transpersonal - 'spiritual emergencies' and strategies for treating them

Evidence for psychic phenomena (psi)

The conventional or 'productive theory' of mind proposes that consciousness is a product of neural process and cannot persist independently of brain.

The 'transmissive theory' raises the possibility that there is an aspect of brain function that is 'wi fi', that something may be transmitted or received, and that consciousness can exist independently of neural process or living brain. This could explain various observed phenomena such as the accurate observations of their environment by some people undergoing near death experiences (NDEs) as well as various psychic phenomena.

The significance of psychic phenomena (psi) is that if it can be proven to exist, it would cause a revisioning of psychology similar to the advent of quantum mechanics in physics. It would show that consciousness does indeed exist outside of the brain. It is no surprise that a wide schism exists between the defenders of the classical paradigm (sceptics) and those who believe that the existence of psi has been proven beyond reasonable doubt. Today's evidence becomes tomorrow's controversy and even the most rigorous studies struggle to stand the test of time³. The paradigm conflict is intense.

There is robust evidence for psychokinesis (PK) and telepathy. Psychokinesis involves the ability of mind to influence matter. Random number generators (RNGs) are computer programmes which allow the measurement of the ability of humans to influence the generation of numbers either 0 or 1. Over nearly 30 years an immense database has accumulated showing a small but measurable result in favour of psi. Robert Jahn and

Brenda Dunne ⁴ in a 12 year review of studies at Princeton University found that the magnitude of the PK effect was of 1 bit of information out of 10,000 being shifted away from chance expectation. While this seems a small effect the odds against this happening over the entire database were 35 trillion to 1.

Ganzfield studies measure how people under mild sensory deprivation can receive thoughts or images projected at them. Meta analyses show positive results especially with visual targets. Dean Radin ⁵ provides a meta analysis of a number of different types of psi research and finds that the combined odds against chance in 1019 studies is 1.3×10 to the power of 104 to 1. The conclusion is that genuine psi is a plausible explanation.

Psi appears acutely sensitive to set and setting and psi research is a notoriously difficult area. Researchers who believe in psi tend to get positive results and sceptics tend to get negative results. There is some evidence that 'creative' people make the best subjects, bonded pairs are better at telepathy, emotive images are easier to transmit and that meditation enhances psi ability. ^{6,7}

Peak experiences and non ordinary states of consciousness (NOSC)

The question is whether peak experiences are most likely a pathological expression of brain chemistry or whether they contain valid information about a fundamental reality which is normally hidden to us.

Non ordinary states of consciousness have played an important role in shaping the cultural and spiritual life of our species. Techniques of expanding consciousness such as shamanism, meditation and the use of psychedelics or sacred medicine have been with us for thousands of years. The insights derived from these states of mind have been valued by all cultures except our own western scientific culture. The unwillingness of our culture to incorporate insights from NOSCs into our worldview has arguably led to a bias of our physical and psychological models towards physical reality.

In recent years modern psycho-spiritual technologies have been developed which can readily induce non ordinary states. This allows for insights to become available to more than just the privileged few for whom they happen spontaneously or after years of rigorous spiritual practice. This is a crucial development allowing interested people to have direct experience of the numinous. A cardinal feature of the numinous is that it is ineffable. The power of words can never capture the depth, intensity and texture of the non ordinary state; there is no substitute for first hand experience.

This does not imply instant enlightenment but a taste of higher levels of consciousness that can become ingrained and developed through repeated immersion, integration and regular spiritual practice. Powerful experiences taken alone may not be of lasting significance. For lasting change to occur there must be a 'working through' and integration of the material emerging from the unconscious. The work is often challenging – as well as positive and numinous experience there is inevitably a confrontation with its shadow. This in turn is facilitated by the appropriate set and setting.

Freud, who was influenced by Anton Mesmer, developed psychoanalytic technique to work through the transference neurosis, itself a non ordinary state, influenced and amplified by the setting of the psychoanalytic session. This illustrates the way in which structural psychic change can be more readily brought about by working on deeper levels of the psyche. Again, a period of working through is necessary. The superficial

structures of the psyche are usually perturbed while the process evolves and this can cause disturbance.

Shamanism and modern spiritual technologies

Shamans claim to enter a non ordinary state of consciousness where they travel to other realities and interact with other entities. Shamans consider the content and nature of these experiences to be an authentic expression of the psyche rather than a toxic state.

Harner ⁸ has identified some core features of shamanism which are similar the world over, even where cultures are different in other respects and have been separated by ocean or continents for thousands of years. Typically the shamanic journey moves consciousness out of the 'middle world' of everyday reality to a 'lower' or an 'upper world', often interacting with power animals or spirit allies. The role of the shaman is to heal and guide their community, although increasingly shamanism is used a method of personal growth and exploration.

The technology used to access the shamanic state of consciousness (SSC) usually entails psychotropic plants or rhythmic drumming. The techniques are readily learned and improved with practice. The drum beat of 200 to 220 beats per minute will provide most novices with an experience of shamanic journeying. As with all NOSCs, the appropriate setting amplifies the experience. A shamanic voyage starts with an 'intention' such as a specific question or healing task. This is different to Holotropic breathwork where the aim is to open the mind to whatever emerges.

A shaman is often 'initiated' by undergoing a period of illness or spiritual emergency and cultures familiar with shamanism are said to be adept at the distinction between shamanic initiatory illness and mental illness proper.

A wide variety of modern practices has been developed or has evolved from tradition. Roger Woolger has developed Matrix therapy based on past life regression techniques ⁹. Michael Harner heads a reputable training organisation using shamanic methods ¹⁰. Grof ¹¹ has developed the technique of Holotropic breathwork which reliably accesses transpersonal levels of consciousness and has an international organisation for training and workshops.

Research in transpersonal psychiatry

There is very little evidence base for transpersonal psychiatry despite intense research into the possible therapeutic use of psychedelic drugs in the years between the first synthesis of lysergic acid diethylamide (LSD) in the 1930s and the disappearance of psychedelic research by the late 1960s ¹². Many pioneers gave their careers to this field, hoping that psychedelic drugs could be to psychiatry what the microscope is to biology or the telescope is to astronomy: an essential tool to explore the parts of the internal world that are usually inaccessible. Despite the volume of publications from this period, most of the published material refers to anecdotal case reports that are of little value by contemporary research standards because they lack sufficient follow-up and controls ¹³.

One of the main lessons of psychedelic research has been the importance of set and setting. The set is the mental and developmental state of the participant; the setting is the nature of the environment. A gentle, contemplative, spiritually orientated setting with the intention of opening to

higher levels of consciousness predisposes to spiritual experiences. The hypothesis is that the spiritual experiences have any therapeutic effect that results rather than the drug itself.

Psychedelics may be particularly useful for those facing the transition of death. LSD research in the terminally ill found a reduced need for analgesics with improved mood and reduced fear of death in 60 -70%. The treatment response seemed to be correlated to the extent to which the patients experienced a mystical or transcendent state.^{14,15,16} Further research is planned into LSD assisted psychotherapy in patients with end-of-life anxiety¹⁷.

More recently, Roland Griffiths¹⁸ performed a double blind study administering either psilocybin or methylphenidate in a non clinical and supportive setting to volunteers who had not previously taken psychedelics and who had a regular spiritual or religious activity. 22 out of the 36 subjects described a mystical experience as opposed to 4 after methylphenidate. 8 of the 36 had some significant anxiety or dysphoria during the session which did not, however, persist and was deemed of no lasting import. At the 2 month follow up, 67% rated the psilocybin experience as either the single most meaningful or in the top 5 meaningful experiences of their lives (8% with methylphenidate). These subjects reported that psilocybin enhanced their attitudes about life in general, their mood and their relationships with others and this was confirmed by independent ratings from family and friends. This well designed study shows the potential of a pharmacologically induced NOSC.

Jung's crisis

Jung's crisis shows many of the classical features of spiritual emergency. It occurred from 1912 to 1917¹⁹ during which he allowed himself to open to the contents of his deep psyche, and found himself almost overwhelmed by the visions, dreams and intensity of feeling that followed. Jung felt his consciousness was flooded by forces which he called archetypal but which previous ages would have called divine and demonic. The key features of Jung's episode were:

- surrender to the emergence of material from the unconscious
- willingness to explore the symbolic meaning of his experiences as part of a journey towards growth
- journeying to non physical worlds (having much in common with shamanic practice)
- communication with 'spirit guides' Basilides and Philemon, who may have represented the 'higher self'. It was during this period that Jung wrote 'The seven sermons of the dead', a channelled text from Basilides
- partial withdrawal from the demands of everyday life, to provide a suitable and supportive environment where he could try to integrate his experiences by various artistic pursuits such as carving, painting, mandalas, poetry, building and sand play

Jung's 'illness' did not recur and seemed a crucial part of his individuation process so that he became one of the most respected elders of his time. Yet his symptoms were complex and sometimes frightening,

including a compelling description of delusional mood. Most commentators are agreed that Jung was not psychotic in the accepted sense but this was a 'near miss', and that he could well have developed a chronic disabling psychiatric disorder if it were not for his ability to work hard on his internal processes and the degree of support he had from his circle²⁰.

It is striking how much Jung valued this period in his life. It was his treasure chest of the unconscious as illustrated by these quotes:

'I loved it and hated it but it was my greatest wealth'

'I have never lost touch with those initial experiences.'

'All my works, all my creative activity came from those initial fantasies and dreams beginning in 1912'

'The key is to not only understand the internal process but to be changed by it, an ethical responsibility to become more whole.'

Towards a classification of spiritual emergency

Robert Assagioli²¹ described four critical stages of spiritual transformation:

- crisis preceding the spiritual awakening – existential conflict
- crisis of spiritual awakening – inrush of energy, ego inflation, 'psychotic' symptoms
- reactions following spiritual awakening, e.g. dark night of the soul
- the process of transmutation, integration and assimilation.

Assagioli notes that spiritual awakenings are usually associated with psychological disturbance and that pre-existing fault lines in personality development and emotional conflicts tend to be brought to the surface. The crucial point here is that spiritual development alone is often insufficient and intrapsychic and interpersonal issues may need attention as well as the transpersonal. The inflow of spiritual energy may cover the sharp edges of personality with a veneer of peace and love; as the spiritual energy ebbs, the personality reverts to the previous state. But what remains is a memory, model and direction to enable future growth by continuing spiritual practice.

The dark night of the soul was a phrase used by St John of the Cross to describe the depressive reaction caused by the ebbing of spirit. Assagioli describes it as 'though he had made a superb flight to the sunlit mountain top, realised it's glory and the beauty of the panorama spread below, but had been brought back reluctantly, with the rueful recognition that the steep path to the heights must be climbed step by step.' This phase can be associated with emotions and visions similar to Grof's second perinatal matrix.

Ego inflation can occur when the energy and illumination associated with an opening to higher levels of consciousness is attributed to the ego rather than spirit. The error is in confusing the higher or transpersonal self with the personal self. This can give rise to a grandiosity and self importance which inhibits further growth.

Confusion of levels

William James (22) considered that mystical experience and psychosis come from the same 'mental level'. He warned, with regard to mystical experiences, that 'to come from thence is no infallible credential. What comes

must be shifted and tested and run the gauntlet of confrontation with the total context of experience'. If the internal vision or experience is taken too literally and extrapolated onto the external world, there can be a 'confusion of levels', which can develop into delusional disorder.

Material from the deep psyche has a symbolic language and should be taken as such. One approach is to treat such experience seriously but lightly; like a big dream, to treasure it, make it precious, learn from it, allow it to ferment and germinate, turn it into an internal object and relate to it, but also to let it go.

Kundalini

Kundalini derives from the yoga tradition and is described as an energy that can be awakened either spontaneously or as part of a spiritual opening. Classically the energy is said to arise from the base of the spine through the chakras, overcoming 'impurities' on its journey towards enlightenment. The rising energy is experienced as powerful and frightening. The process is essentially one of purification. Kundalini awakening typically causes an excited, quasi-psychotic state that needs careful differentiation from functional psychosis. Conventional psychiatric treatment is said to be either ineffective or to produce partial resolution with chronic disability while interventions designed to treat Kundalini are often effective and produce better outcome.²³

Patients in whom Kundalini processes predominate have the following characteristics²⁴

- a highly supportive setting is important, with sensitivity to adverse comment or environmental cues
- the process is self limiting and tensions arise not from the process itself but from resistance to the process
- although anger and hostility may occur, acting out is rare
- an awareness of an internal process and willingness to share it, compared to schizophrenic patients who will have a vague but 'significant' experience which they cannot communicate
- physical sensations of heat, vibrations and other physical feelings that seem to move around the body, often in a particular sequence
- unusual breathing patterns, spontaneous bodily movements
- bright lights and other perceptual disturbances
- auditory hallucinations tend to be simple or voices experienced from within
- an absence of Schneiderian first rank symptoms

Strategies for the treatment of spiritual emergency

The correct diagnosis is fundamental. The transpersonal model does not deny the traditional psychiatric classification system but aims to add to it. In cases of spiritual emergency, a bio-psycho-socio-spiritual model allows recognition and treatment of the various components of the condition. The transpersonal strategy would be to provide a safe and facilitative setting, to allow the individual to open to and allow the unfolding of the internal process which is essential for a full resolution. Drugs that suppress the process are best avoided except where symptoms are unmanageable or if there are significant risk issues when medication may be appropriate.

The environment (set and setting) is again the key factor in determining the outcome of these states. Such patients can be exquisitely sensitive to environmental stressors and Lee Sanella²⁴ notes that a schizophrenia-like condition can result if a person undergoing a Kundalini-type experience receives negative feedback.

The ideal way in which such an emergence could occur would be in a protected environment, shielded to a great extent from the demands of the outside world and with help and guidance from people with experience of such non ordinary states of consciousness. A focus should be maintained on the internal process, with reassurance that the experiences are meaningful and valid. There would be a gradual and gentle unfolding at a pace that would not be overwhelming. New experiences and knowledge would be worked with and integrated as part of an evolving spiritual practice. The person would feel part of a secure and valued tradition with wise and benevolent tuition and guidance. The environment would be friendly and containing. There would be some stresses and interpersonal issues but these would be relatively mild and the focus would be on the vertical (higher self) rather than the horizontal (interpersonal).

For people in excited states, 'grounding' consists of halting consciousness altering activities such as meditation, ensuring regular meals (especially meat) and physical exercise or immersion in routine tasks. When the person is more capable of containing the experience, the exploration and integration should continue, preferably in the context of spiritual practice and a supportive community or teacher.

Clearly some individuals will be particularly vulnerable for reasons of genetics, personality development or environment. People will often have experiences which may be drug related or which may arise spontaneously where they do not have the benefit of help or of a supportive environment. The degree of exposure to a non ordinary state with the sudden loss of normal boundaries and reference points for consciousness may be too abrupt and often terrifying. A raw and sensitive state may develop into delusional mood which will be shaped by environmental triggers into a frank psychotic illness, which in turn often leads to more environmental stress, thus propagating and cementing a condition in which any useful learning or emergence is extinguished.

Conclusion

Transpersonal psychiatry offers an expanded model of psyche which is helpful in the management of unusual mental states that have the potential for personal growth and maturation if properly understood and facilitated. Psychiatrists need to distinguish 'spiritual emergencies' from traditional psychiatric disorders and research is needed to clarify the definition, epidemiology and course of these conditions. The range and quality of psycho-spiritual technologies has burgeoned over the last fifty years, increasing the availability of access to higher levels of consciousness with attendant benefits and perils. This is a young area of research, although it is likely that the transpersonal model will be increasingly underpinned by hard scientific evidence and that this will eventually change our current concepts of consciousness.

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